

Section D

State Tobacco Prevention And Control Plan

STATE TOBACCO PREVENTION AND CONTROL PLAN

STATE OF MISSISSIPPI

2000-2005

Prepared by:

Mississippi State Board of Health
Committee on Tobacco
and the
State Tobacco Control Advisory Committee

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ADMINISTRATION AND MANAGEMENT

Introduction: The comprehensive approach to tobacco prevention requires a cohesive management plan that assures integration of prevention and cessation services. The plan should be based on experience in tobacco administration in other states (e.g. California and Massachusetts) and should identify in-state resources and opportunities. If the tobacco program administration is to have sustainability and integrate with existing state and federal funding, the state-level administrative office should be developed through a state-level commission or body, coordinated with state agencies and voluntary health organizations. Administration and management of a statewide tobacco prevention program should provide overall coordination of interventions that treat tobacco use and cessation as complex behaviors tied inextricably to social climate, laws/policies, health risk behaviors, and resources.

Goal: Provide direction and coordinate activities of state agencies, local governments, private partners, voluntary health agencies, and community-based interventions.

Objective 1: Work with Legislature to develop, establish, and fund a state-level commission or body to coordinate state's tobacco control and prevention efforts

Strategy 1: Identify state and local agencies with expertise required for program components

Strategy 2: Recommend and request appropriate funding levels for all components of the plan

Strategy 3: Monitor funding appropriations for core components of the plan

Strategy 4: Coordinate and ensure access to technical assistance to funded organizations and serve as a liaison to other state and federal resources

Strategy 5: Coordinate tobacco activities with existing health, education, and enforcement activities to maximize efficiencies and minimize duplication of efforts

Objective 2: Ensure outcomes-based evaluation of funded programs

Strategy 1: Select an external evaluator through a competitive "Request for Proposals" process to evaluate each program component

Strategy 2: Use results to inform policy makers and make improvements in program design

Support Agencies: The program should involve other state and local agencies including but not limited to the state's Department of Health, Department of Education, Department of Mental Health, Attorney General's Office, Department of Public Safety, Department of Human Services, The University of Mississippi Medical Center, and the Division of Medicaid. Colleges and universities as well as health professional and trade associations are critical links in the effort to train prevention professionals and to evaluate tobacco prevention and control programs. Statewide voluntary health agencies such as the American Heart Association, the American Cancer Society, and the American Lung Association can reach thousands of residents through their volunteers and programs. The Partnership for a Healthy Mississippi, the Executive Prevention Council, and the Mississippi Alliance for School Health are a few examples of coalitions whose aim is to improve the health of residents through population-based prevention and public awareness activities. These and other public and private organizations will be invaluable in the collaborative effort to reduce the health and social burden of tobacco use in Mississippi.

CDC Recommended Cost for Mississippi: \$2,063,188

SCHOOL HEALTH

Introduction: Because all Mississippi children attend schools whose mission is to educate and prepare youth to live as healthy, contributing members of the communities they live in, the educational setting is a logical vehicle for prevention and cessation. Most people who start smoking begin prior to age 18, although 75% say they will not smoke as adults. Studies have demonstrated that school-based tobacco prevention programs that identify the social influences that promote tobacco use among youth and that teach skills to resist these influences can significantly delay or reduce the prevalence of tobacco use. Successful programs have shown a difference in smoking rates for intervention groups from 25-60% and lasting from one to five years.

Goal: To develop and implement a coordinated school health program designed to reduce tobacco use among school-age youth.

Objective 1: Provide programs to school-age youth which equips them with knowledge and skills to resist social, environmental, and cultural influences that promote tobacco use

Strategy 1: Provide age appropriate instruction about short-term and long-term negative physiological and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills

Strategy 2: Offer prevention education in grades pre-K-12 with each set of class materials building upon previous grade level materials; with especially intensive instruction in grades 5-8

Strategy 3: Provide program-specific training for teachers and other school health staff

Strategy 4: Coordinate school-based prevention interventions with families, friends, and community-based organizations

Strategy 5: Develop preventative programs with a plan to reach out-of-school youth and other hard-to-reach populations

Objective 2: Assure availability of and access to cessation programs for school-age youth that are already using tobacco.

Strategy 1: Support school-age youth cessation efforts among all students, school employees, and their families who use tobacco

Strategy 2: Link tobacco users with resources and providers at the local level (i.e., community-based organizations, hospitals, community health centers, others)

Strategy 3: Develop a cessation plan to reach out-of-school youth and other hard-to-reach populations

Objective 3: Prevent tobacco use on school property and at school-related activities

Strategy 1: Enforce state law and local ordinances through cooperation and coordination with local law enforcement agencies and community organizations

Strategy 2: Educate students and school staff on policies and statutes on tobacco use on school property and at school-related activities

Objective 4: Assess tobacco-use prevention programs at regular intervals

Strategy 1: Utilize the State Department of Health surveillance data related to tobacco use

Strategy 2: Conduct statewide assessments of programs and program delivery using independent researchers with experience in program evaluation.

Objective 5: Promote and sustain comprehensive school health efforts

Strategy 1: Develop and conduct assessment of funding received and distributed state agencies and voluntary health organizations to produce health-related programs targeting school-age youth

Strategy 2: Develop coordination plan, based upon compilation of assessment information, to ensure efficient use of program funding and to maximize opportunities for comprehensive health education

Support Agencies: The primary agency for the school health education component of the state tobacco plan should be the Mississippi Department of Education because it has the primary responsibility for education in the state. The Department of Education also coordinates and/or provides oversight for other state and federal school health programs. Based on the fact that the Department of Education is currently involved in the very difficult task of raising the overall educational standards for the state, it is incumbent that other state organizations and agencies assist the Department of Education in the provision of this essential content. These may include Mississippi Department of Education, Department of Health, Attorney General's office, local educational agencies, community organizations through the direction of the Partnership for a Healthy Mississippi, Mississippi High School Activities Association, Mississippi Private School Association, parent-teacher organizations, and other school support organizations. The services of experts in the Institutions of Higher Learning, the State Board for Community Colleges, and other state private and public organizations should assist in the implementation of these objectives.

CDC Recommended Cost for Mississippi: \$4,062,000

CESSATION

Introduction: The goal of a comprehensive tobacco cessation program is to assure the availability of quality treatment services and programs for youth and adults. Surveillance data show that in Mississippi, 23% of adults report themselves as current smokers with 51% reporting a quit attempt within the past year. Thirty-three percent of high school students report themselves as current tobacco users. The 2000 Youth Tobacco Survey (YTS) showed that 65% of public high school students who smoke say they have tried to quit during the past year and 60% want to stop. Additionally, 26% of public middle school students report themselves as current tobacco users, and 58% of those students reported attempts to quit during the past twelve months. Although studies show that smokers who quit smoking before age 50 cut in half their risk of dying over the next 15 years, Mississippi did not offer cessation services beyond limited demonstration programs until 1999.

Goal: Tobacco prevention and treatment services will be available to youth and adults.

Objective 1: Conduct a statewide needs assessment of the general public for direct tobacco-related services.

Strategy 1: Review current literature

Strategy 2: Modify existing tool(s) to meet Mississippi needs or develop new tool(s) (relating to knowledge, attitudes, and beliefs)

Strategy 3: Analyze and disseminate results

- Objective 2: Develop a statewide needs assessment of health providers and provider organizations for tobacco related services and training
 - Strategy 1: Review current literature
 - Strategy 2: Modify existing tool(s) to meet Mississippi needs or develop new tool(s)
 - Strategy 3: Analyze and disseminate results

- Objective 3: Identify existing prevention and treatment models that can address cessation needs
 - Strategy 1: Review current literature
 - Strategy 2: Review existing programs identified through health provider survey results

- Objective 4: Develop treatment programs and/or modify existing programs to address the needs of Mississippi's diverse populations
 - Strategy 1: Utilize needs assessment to clarify diverse populations
 - Strategy 2: Link programs to populations
 - Strategy 3: Continually evaluate programs to determine effectiveness

- Objective 5: Enlist, educate, and train service providers
 - Strategy 1: Develop and incorporate tobacco-related curricula in all health-related degree programs
 - Strategy 2: Develop and implement a certification process, coordinated through the University of Mississippi Medical Center, to certify approved tobacco-related cessation programs and trained individuals
 - Strategy 3: Establish and maintain widely available training programs as well as the resources for technical assistance

Support Agencies: The primary entity for tobacco cessation should be the University of Mississippi Medical Center's ACT Center, with it offering contracts to smaller health care provider organizations or clinics across the state to cover the costs of training providers in effective treatment programs and to offer cessation programs in rural communities. The trends in Mississippi indicate a need to offer cessation programs for adult and teen smokers and for smokeless tobacco users at all ages. Cessation classes may be offered as an alternative to suspension for students who are caught using tobacco. Another support agency should be the Department of Mental Health, such that through its services for substance abuse, tobacco cessation services may be included to an at-risk population. Other support agencies should include other state agencies and voluntary health organizations, such as American Cancer Society and American Lung Association. The MSDH contracted with the Information Quality Healthcare to do a survey of healthcare providers' knowledge, practices, and needs related to tobacco education and cessation. Results of the survey showed that many providers would like cessation training. Research into effective tobacco cessation techniques indicates that with adults, intensive interventions that include counseling, social support, and skills-based training is effective in cessation. Data for youth cessation is limited; programs for smokeless tobacco must be targeted, and little data exists about what will be most effective in rural communities.

CDC Recommended Cost for Mississippi: \$825,240

COMMUNITY PROGRAMS TO REDUCE TOBACCO USE

Introduction: Strategies to achieve the individual behavior change that supports the non-use of tobacco requires the efforts of whole communities to change the way tobacco is promoted, sold and

used. A change in the knowledge, attitudes, and practices of tobacco-users and nonusers, requires a comprehensive approach. These changes also need to incorporate changing community norms regarding the importance of comprehensive health and wellness for individuals of all ages.

Effective community programs involve people in their homes, worksites, schools, places of worship, places of entertainment, civic organizations, and other public places. Funds are required to hire staff, provide operating expenses, purchase resource and educational materials, provide education and training programs, support media campaigns, establish local plans of action, and establish coalitions for short and long-term programs.

Evaluation data show that funding of local programs produces measurable progress toward statewide tobacco control objectives. Local programs have been instrumental in the adoption of an increasing number of local ordinances or other provisions restricting smoking in public places. In addition, local coalitions and community youth partnerships have produced impressive declines in the percentage of successful attempts by underage young people to buy tobacco.

Specific and successful community activities include: (1) engaging young people to plan and conduct community tobacco prevention and education events and campaigns; (2) working with judges and retailers to develop education and diversion programs; (3) developing educational presentations; (4) strengthening tobacco use policies in schools and communities; (5) conducting a campaign on tobacco use in the home; (6) conducting youth-led assessments of tobacco advertising and developing plans to reduce tobacco sponsorship of public events; and (7) offering tobacco cessation programs.

Goal: Cultivate and sustain tobacco-free communities throughout Mississippi

Objective 1: Prevent the initiation of tobacco use

- Strategy 1: Educate communities on the need for and the benefits of tobacco prevention
- Strategy 2: Increase the number of organizations and individuals involved and ensure access to planning and conducting community-level awareness, education and prevention programs
- Strategy 3: Work with local schools (pre-K through 12th grade) to incorporate tobacco prevention information into existing curricula as the basis for developing and adopting a comprehensive health education plan
- Strategy 4: Work with local health providers to incorporate prevention information and activities as part of comprehensive wellness services

Objective 2: Ensure access to cessation services for current users of tobacco

- Strategy 1: Identify and maintain an up-to-date database and other accessible resources
- Strategy 2: Support usage of a statewide referral and counseling resource
- Strategy 3: Work with local healthcare providers to become actively involved in tobacco prevention and treatment
- Strategy 4: Increase the number of organizations and individuals involved and ensure access to planning and conducting community-level awareness, education, and treatment programs

Objective 3: Protect public from environmental smoke

- Strategy 1: Promote the adoption of public and private tobacco control policies on a local and state level
- Strategy 2: Encourage local businesses to become tobacco-free
- Strategy 3: Work with counties and municipalities to adopt tobacco-free ordinances
- Strategy 4: Work with local law enforcement agencies to enforce state laws and local ordinances

Objective 4: Provide coordination of statewide community-based partnerships and coalitions

- Strategy 1: Support and maintain existing community-based partnerships and coalitions
- Strategy 2: Increase the number of local organizations and individuals supporting community-based partnerships and coalitions to encourage involvement/memberships reflective of communities diversity (race, age, socioeconomic, others)

Support Agencies: In recent years, community-based non-profit organizations have proven to be effective advocates for changing community norms and cultures. Community youth partnerships (CYP) through the Partnership for a Healthy Mississippi (PHM) have been developed in 26 areas covering the entire state. These CYP's should be utilized as the springboard for a number of community-based tobacco-related efforts across the age, race and socioeconomic spectrum. Local businesses and industries, local health departments, local chapters and units of voluntary health organizations, and other local offices of state agencies, including mental health, human services, and education, can also play supportive roles as members of community partnerships and coalitions. These partnerships and the resources they need should be coordinated by an organization, such as the PHM.

CDC Recommended Cost for Mississippi: \$8,243,108

COMMUNITY PROGRAMS TO REDUCE THE BURDEN OF TOBACCO-RELATED DISEASE

Introduction: Tobacco use increases the risk of development of a number of diseases. Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades in the future. Tobacco use is responsible for 8,000 deaths in the state each year and if current trends continue, the number of Mississippi youth, currently under 18 years old, who will die of smoking will rise to 48,000. Mississippi leads the nation in age-adjusted cardiovascular diseases death rates, and rates for tobacco-related cancers and stroke are above the national average. The three leading causes of death in Mississippi (heart disease, cancer, and stroke) account for 80% of deaths annually. Mississippi has the highest per capita rate of diabetes in the nation, affecting an estimated 230,000 citizens of the state.

Costs to the state for tobacco-related illnesses are staggering. Annual health care expenditures, directly related to tobacco use, total \$540 million and Medicaid payments are \$110 million. The federal and state tax burden to Mississippians costs \$320 million whereas the additional annual expenditures for babies' health problems, caused by mothers smoking during pregnancy or by second-hand smoke during pregnancy, have been estimated to range between \$17 to \$49 million.

When supported at a comprehensive level, state-based tobacco prevention and control programs can address diseases such as cancer, cardiovascular diseases, stroke, oral cancers, chronic obstructive pulmonary disease (COPD), and asthma for which tobacco is a major cause. For maximum

effectiveness, tobacco control programs, when implemented, must be linked with activities which prevent tobacco-related diseases.

Cancer registry programs are working to establish standards for data completeness, timeliness, and quality. State registries also provide training for registry personnel and use a computerized reporting and data-processing system. Like other states, Mississippi has a Cancer Registry located at the MSDH, which could be expanded to provide comprehensive data on tobacco-related cancers.

Goal: Focus efforts and resources on prevention, early detection, and early intervention of tobacco-related diseases

Objective 1: Support and/or expand community programs that link tobacco control interventions with disease prevention activities

Strategy 1: Identify existing disease prevention and management program

Strategy 2: Identify areas without adequate disease prevention and management programs

Strategy 3: Provide support through resources and training

Objective 2: Support and/or expand community programs that link tobacco control interventions with disease detection and early intervention activities

Strategy 1: Identify existing disease screening and detection programs

Strategy 2: Identify areas without adequate disease prevention and management programs

Strategy 3: Provide support through resources and training

Support Agencies: The University of Mississippi Medical Center, the MSDH, the American Cancer Society, the American Lung Association, the American Heart Association, other voluntary health organizations, rural health centers, community health centers, hospitals, mental health providers, private healthcare providers, Medicaid, Medicare, and other insurance providers should all be part of the programs to reduce the burden of tobacco-related diseases. These providers and agencies are on the leading edge of prevention and disease in Mississippi communities.

CDC Recommended Cost for Mississippi: \$4,199,096

STATEWIDE PROGRAMS

Introduction: Statewide programs are a major element of a recommended comprehensive approach to the prevention and reduction of tobacco use. Statewide programs can provide skills, resources, and information needed for the coordinated, strategic implementation of effective community programs. Statewide programs can also increase the effectiveness of community programs by stimulating local action.

Goal: To establish a program of statewide and regional grants to involve participation in local efforts.

Objective 1: Fund multicultural organizations to develop and implement interventions

Objective 2: Sponsor local, regional, and statewide tobacco prevention and cessation workshops and conferences on best practices for effective tobacco prevention and cessation programs

Objective 3: Support innovative projects designed to prevent tobacco use, promote cessation and /or foster smoke-free communities

Support Agencies: Statewide programs through the Partnership for a Healthy Mississippi have been funded to provide service throughout the entire state. These relationships should be utilized as a basis for future collaborations. The primary responsibilities of the Partnership for a Healthy Mississippi or other similar organization will be to develop a process to solicit, review, award and evaluate interventions designed by state partners. Local businesses and industries, local health departments, local chapters and units of voluntary health organizations, and other local offices of state agencies, including mental health, human services, and education, can also play supportive roles as members of community partnerships and coalitions. It is anticipated that in addition to funding government programs, the program would fund private and non-profit agencies that reach constituent groups across Mississippi.

CDC Recommended Cost for Mississippi: \$2,697,243

SURVEILLANCE AND EVALUATION

Introduction: Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Surveillance should monitor the achievement of primary program goals, including decreasing the prevalence of tobacco use among young people and adults, per-capita tobacco consumption, and exposure to environmental tobacco smoke. In addition, a wide range of intermediate indicators of program effectiveness needs to be documented, including policy changes, changed in social norms, and exposure of individuals and communities to statewide and local program efforts. Surveillance should also monitor the prevalence of pro-tobacco influences, including advertising, promotions and events that glamorize tobacco use.

Although surveillance is a crucial part of evaluation research, specific evaluation surveys and data collection systems are also needed to assess individual program activities. Program evaluation efforts should build upon and complement tobacco-related surveillance systems by linking statewide and local program efforts to progress toward intermediate and primary outcome objectives. Additionally, evaluation research can provide data on the relative effectiveness of specific innovative program activities.

A comprehensive state tobacco control plan, with well-defined goals, objectives, and performance indicators, enables surveillance and evaluation data systems to be developed in a timely fashion. Collection of baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. For this reason, the establishment of surveillance and evaluation systems must have first priority in the planning process.

Goal: To monitor and document program accountability for State policy makers and others responsible for fiscal oversight and programmatic effectiveness

Objective 1: Develop, implement, and coordinate statewide surveillance activities on tobacco use, prevalence, expenditures, and other tobacco-related activities

Strategy 1: Participate in national surveillance systems (e.g., the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, and the Pregnancy Risk Assessment Monitoring System)

Substrategy 1: Increase data collection size to allow for county and/or region-specific surveillance

Strategy 2: Conduct Youth Tobacco Survey (YTS), a school-based, statewide survey of young people in grades 6 through 12 to assess students'

attitudes, knowledge, and behaviors related to tobacco use, exposure to environmental tobacco smoke, exposure to prevention curricula, community programs, and media messages, and effectiveness of enforcement measures

Substrategy 1: Increase data collection size to allow for county and/or region-specific surveillance

Strategy 3: Enhance national surveillance activities with incorporation of state-specific modules and/or questions to reflect state and local concerns

Strategy 4: Coordinate with federal tobacco surveillance programs, SAMHSA's national Household Survey on Drug Abuse provides national tobacco prevalence estimates for cigarettes, chewing tobacco, moist snuff, and cigars among people ages 12 to 17, 18 to 25, and 26 and older

Strategy 5: Establish ongoing tool to review trends in tobacco product sales, in cooperation with State Tax Commission

Strategy 6: Develop and implement monitoring tool to review tobacco company marketing efforts (advertising, sponsorships, other promotions) in Mississippi

Strategy 7: Identify funding and institutionalize "Social Climate Survey of Tobacco Control & Tobacco Use"

Strategy 8: Develop and implement monitoring tool to review surveillance and evaluation expenditures to assess use of funds available and eliminate duplicative efforts

Objective 2: Design, develop, implement, and coordinate statewide surveillance activities on the prevalence, morbidity, and mortality of tobacco-related illnesses

Strategy 1: Expand existing state cancer registry to include tobacco-specific causations

Strategy 2: Develop tools and databases for tobacco-related illnesses, including cardiovascular diseases, asthma, COPD, oral diseases, and others

Objective 3: Develop and implement appropriate evaluation systems for Mississippi-based programmatic and surveillance activities

Strategy 1: Establish program-specific evaluation tools to monitor outcomes, progress, effectiveness, and expenditures to be conducted on ongoing basis

Strategy 2: Report and disseminate evaluation information

Strategy 3: Review evaluation information to determine efficacy and ongoing need for specific programs

Support Agencies: Ongoing surveillance and evaluation efforts in Mississippi are already conducted by the Mississippi State Department of Health (MSDH), including YTS, BRFSS, YRBS, and other related surveillance tools and activities. The MSDH relies on partners to collaborate on surveillance and evaluation activities, including the state's Institutions of Higher Learning, and other state and local government agencies. Additionally, surveillance and evaluation activities include partnerships with federal agencies, the Partnership for a Healthy Mississippi, the Department of Mental Health, the Department of Education, the State Tax Commission, and voluntary health organizations.

CDC Recommended Cost for Mississippi: \$4,126,377

ENFORCEMENT

Minors' Access: Numerous published studies have shown that the combination of enforcing laws that restrict tobacco sales to minors and educating merchants can reduce illegal sales of tobacco to minors. Access laws should be actively enforced at the local, State, and Federal levels through unannounced compliance checks in which minors attempt to purchase tobacco products. For tobacco control laws and regulations to be adequately enforced, universal licensure of tobacco outlet sources is necessary. Civil penalties such as revocation of the tobacco license in areas where licenses are required on retailers who sell tobacco products to minors, have shown to be effective strategies of enforcement. Fees from licensing of tobacco vendors can be used to fund enforcement activities and to develop and maintain active, larger scale programs. States that do not require retail tobacco outlets to be licensed are strongly encouraged to and to revoke licenses for repeated sales of tobacco products to minors.

The Federal Synar Amendment requires all States to (1) have and enforce State-level minors' access laws to decrease the rate of sales to persons under the age of 18 to less than 20%, (2) conduct annual statewide inspection surveys that accurately measure the effectiveness of their enforcement efforts, and (3) report annually to Congress. A significant loss of block grant dollars could be lost as a result of States' failure to achieve announced performance targets. Education programs by Federal, State, and local authorities are necessary to build support among retailers for enforcing sales restrictions. These programs should include discussion of tobacco's health effects, a topic avoided in tobacco industry-sponsored programs.

The small body of evidence examining the effects of active enforcement on youth tobacco use suggests that it is an important and essential element of a comprehensive effort to reduce this usage. Young people may, however, turn to other sources such as older friends or family members to secure tobacco products as commercial sources are reduced. Therefore, it is critical that access restrictions for minors be combined with a comprehensive tobacco control program that reduces the availability of social sources and limits the appeal of tobacco products.

Clean Indoor Air: The health of nonsmokers is protected by the enforcement of public and private policies that reduce or eliminate exposure to environmental tobacco smoke (ETS). Studies have shown that enforcement of worksite smoking bans decrease the number of cigarettes that employees smoke during the day as well as protect non smokers from second hand smoke. Clean indoor air laws are generally enforced by investigating public complaints by State or local officials who base the enforcement on a graduated series of civil warnings and penalties. Educating the public, employers, and employees about the health effects of ETS and the need for smoking restrictions can build support for restrictions and increase compliance before the restrictions are actually implemented.

Goal 1: Restrict public tobacco use

Objective 1: Eliminate tobacco use in state buildings and on state property

Strategy 1: Conduct awareness campaigns to inform all state agencies/employees of statutory requirements and health benefits of being tobacco-free

Strategy 2: Provide referrals and resources for cessation services

Strategy 3: Eliminate existing statutory requirement for each agency/building to have at least one designated smoking area

- Strategy 4: Include other state entities (universities, community colleges, etc.) in statutory tobacco use prohibitions
- Strategy 5: Amend statute to include penalty for violations

Objective 2: Ensure compliance with statute for tobacco use on school grounds and at school-sponsored events

- Strategy 1: Conduct awareness campaign to inform all school-related staff, parents, students, and other related parties of statutory tobacco use prohibitions
- Strategy 2: Educate law enforcement agencies on enforcement of statutory penalties for tobacco use violations on school property
- Strategy 3: Include public and private universities, community colleges, and private & parochial schools as “schools” in statute for application of prohibition on “school property”
- Strategy 4: Provide referrals and resources to cessation services and treatment

Objective 3: Reduce and/or eliminate use of tobacco in workplaces and other public places (restaurants, malls, entertainment facilities, etc.)

- Strategy 1: Work with trade groups (MS Restaurant Assoc., MS Gaming Assoc., MS Manufacturers Assoc., others) to encourage voluntary elimination of indoor tobacco use
- Strategy 2: Conduct awareness campaign(s) with various facilities/trade groups on advantages of tobacco-free facilities
- Strategy 3: Develop recognition system (awards, media, etc.) for facilities, business, others that promote tobacco-free establishments
- Strategy 4: Establish and publicize telephone hotlines for reporting clean indoor air violations and investigation of reports received
- Strategy 5: Work toward long-term efforts of enacting clean indoor air legislation

Goal 2: Limit minors’ access to tobacco

Objective 1: Conduct frequent compliance checks to identify violations of state statutes and/or local ordinances

- Strategy 1: Maintain office/staff at Attorney General’s Office to conduct compliance checks and/or work with local law enforcement agencies to ensure completion of checks
- Strategy 2: Continue comprehensive merchant education programs; include information on health effects of tobacco use

Objective 2: Review and enact statutory revisions or new legislation to strengthen tobacco access for minors

- Strategy 1: Strengthen licensing structure for tobacco retailers to effect stronger penalties for compliance failures
- Strategy 2: Enact statutes to incorporate minors’ drivers’ license suspension and/or revocation for tobacco possession
- Strategy 3: Strengthen existing statutes and local ordinances on minors’ access to tobacco
- Strategy 4: Encourage counties and municipalities without local ordinances to enact them; provide model ordinances
- Strategy 5: Identify and expand existing programs through agencies and organizations which provide education, counseling, and treatment

for alcohol and drug offenders to include tobacco education, counseling, and treatment

Goal 3: Reduce tobacco sales

Objective 1: Increase excise taxes on tobacco products to a level to effectively decrease the purchase of tobacco products

Strategy 1: Conduct awareness campaign to educate on the need, impact, and effectiveness of tobacco product price increase

Substrategy 1: Disseminate relevant data obtained from other states having enacted excise tax increases

Substrategy 2: Target interested parties (i.e., legislators, retailers)

Strategy 2: Work with “official” advisory council or body to develop expenditure plan for excise tax revenue

Substrategy 1: Mandate that collections be used for cessation education and treatment

Substrategy 2: Mandate that collections be used for tobacco prevention

Strategy 3: Work with retailers, legislators, State Tax Commission, and other interested parties on other sources of revenue to offset lost revenue from reduced tobacco sales, in order to get retailers’ support (i.e., tax breaks, tax rebates)

Objective 2: Restrict tobacco advertising and promotion

Strategy 1: Strengthen existing statutes and local ordinances on placement of tobacco media, including deletion of state pre-motion statute

Strategy 2: Encourage counties and municipalities without local ordinances to enact them; provide model ordinances

Support Agencies: Enforcement issues have been addressed in Mississippi through efforts of the Attorney General’s Office, the Department of Mental Health, the Department of Health, and law enforcement agencies. States such as California and Massachusetts effectively have addressed enforcement issues as part of community programs. Funds should be awarded to agencies responsible for enforcing tobacco laws and ordinances and could also be awarded to community organizations for educational programs relating to tobacco laws. State and local efforts to enforce tobacco laws and policies must complement the efforts of primary agencies. Critical to this effort are school-based interventions, community programs, and local health and education agencies.

CDC Recommended Cost for Mississippi: \$1,500,000

PUBLIC AWARENESS

Introduction: To address the serious problem of tobacco use and ultimate healthcare-related expenditures within Mississippi, a concentrated, comprehensive approach to tobacco control and prevention is necessary. A public awareness campaign should provide information to Mississippians on the harmful, long-term effects of tobacco use; set a supportive climate for community and in-school efforts to address tobacco control policies and education; and promote available resources dedicated to tobacco use and dependence. Public awareness efforts should utilize mass media (to include television, radio, billboard, internet and print media) to reach broad segments of the target population. Media advocacy, local sponsorships and dedicated grassroots efforts should support the overall campaign with a consistent message to the intended target base.

Goal: To reduce tobacco use in Mississippi through a comprehensive, statewide public awareness initiative

Objective 1: To increase awareness of the harmful effects of tobacco

- Strategy 1: Build upon momentum and framework of the current MS tobacco free media campaigns for youth
- Strategy 2: Create a tobacco free media campaign for adults
- Strategy 3: Maintain and further develop the Mississippi media campaign as an identifiable, non-judgmental source of information for youths through multiple messages in multiple executions
- Strategy 4: Consistently utilize facts about the harmful effects of tobacco
- Strategy 5: Utilize appropriate media to repeatedly expose target to the message
- Strategy 6: Support mass media with grassroots programs and events implemented on a local level
- Strategy 7: Use in-school program support to reinforce tobacco-free messages in (pre K-6th grades)
- Strategy 8: Promote available resources for treatment of nicotine addiction

Objective 2: To position adults as healthy role models in order to effectively change the culture of tobacco use in Mississippi

- Strategy 1: Build campaign efforts to educate adult tobacco users about their influence
- Strategy 2: Utilize appropriate media to repeatedly expose adults to the message
- Strategy 3: Enhance campaign activities to garner support for additional statewide policy changes on tobacco
- Strategy 4: Promote available cessation resources for treatment of nicotine addiction.

Objective 3: To establish advertising strategy and validate creative concepts through qualitative research followed by quantitative tracking of campaign effectiveness.

- Strategy 1: Contract with third-party research authority to conduct focus groups designed to explore and define potential messages and approach to appropriate target audience.
- Strategy 2: Test creative concepts developed for by focus groups for message recall, effectiveness and general acceptance of campaign execution(s) against creative strategy

Objective 4: Evaluate efficacy of the public awareness campaign

- Strategy 1: Contract with third-party research authority to measure field awareness levels, brand recognition and campaign effectiveness against a large, cross-section of target population

Support Agencies: The Partnership for a Healthy Mississippi currently manages an aggressive media campaign with proven effective strategies in place. The Partnership should maintain the position as lead agency in managing campaigns for the delivery of the public awareness strategies and messages.

CDC Recommended Cost for Mississippi: \$8,097,729